

Food Establishment Inspection Form						Page <u>1</u> of <u>1</u>	
The Commonwealth of Massachusetts City of Newburyport Board of Health 60 Pleasant Street, Newburyport, MA 01950 (978) 465-4410 www.CityofNewburyport.com			# Violations		Date <u>4/29/19</u> Time In <u>11:25</u> Time Out <u>12:45</u>		
			Priority-	Priority foundation-			Core-
Establishment Name <u>BRENNAN SCHOOL</u> Establishment Address <u>355 HIGH ST</u> Telephone _____ HACCP Y/N <u>Y</u>			Risk Category _____ Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other: _____		Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: _____ <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____		
Owner <u>TOWN</u> Person-in-Charge (PIC) <u>PAN KENLEY</u> Inspector _____							Permit # _____ Food Safety Training / Exp Date <u>MAY 2020</u>
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable				Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation			
Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Time / Temperature Control for Safety			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties		17	<input type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager		18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures	
Employee Health				19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper reheating procedures for hot holding			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time and temperature	
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion		21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperature	
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events		22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperature	
Good Hygienic Practices				23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use		24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a Public Health Control	
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth		Consumer Advisory			
Preventing Contamination by Hands				25 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Consumer advisory provided for raw / undercooked food			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean & properly washed		Requirements for Highly Susceptible Populations (HSP)			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE food		26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered	
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly supplied and accessible		Food / Color Additives and Toxic Substances			
Approved Source				27 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Food additives: approved & properly used			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic sub. properly identified, stored & used	
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature		Conformance with Approved Procedures			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food received in good condition, safe, & unadulterated		29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Compliance with variance / specialized process / HACCP Plan	
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction		Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
Protection from Contamination							
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected					
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces; cleaned & sanitized					
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS = corrected on-site during inspection		R = repeat violation	
Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	<input checked="" type="checkbox"/>	Pasteurized eggs used where required		43	<input checked="" type="checkbox"/>	In-use utensils properly stored	
31	<input checked="" type="checkbox"/>	Water & ice from approved source		44	<input checked="" type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled	
32	<input type="checkbox"/>	Variance obtained for specialized processing methods		45	<input checked="" type="checkbox"/>	Single-use / single-service articles: properly stored & used	
Food Temperature Control				46 <input checked="" type="checkbox"/> Gloves used properly			
33	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control		Utensils, Equipment and Vending			
34	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding		47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed & used	
35	<input checked="" type="checkbox"/>	Approved thawing methods used		48	<input checked="" type="checkbox"/>	Warewashing facilities; installed, maintained, & used; test strips	
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate		49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	
Food Identification				Physical Facilities			
37	<input type="checkbox"/>	Food properly labeled; original container		50	<input checked="" type="checkbox"/>	Hot & cold water available; adequate pressure	
Prevention of Food Contamination				51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present		52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed	
39	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display		53	<input checked="" type="checkbox"/>	Toilet features: properly constructed, supplied, & cleaned	
40	<input checked="" type="checkbox"/>	Personal cleanliness		54	<input checked="" type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	
41	<input checked="" type="checkbox"/>	Wiping cloths: properly used & stored		55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, & clean	
42	<input checked="" type="checkbox"/>	Washing fruits & vegetables		56	<input checked="" type="checkbox"/>	Adequate ventilation & lighting; designated areas used	
57 SPECIAL REQUIREMENTS / OTHER		<input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other					
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.							
PIC's Signature: <u>Pamela Kenley</u>			Print: <u>Pamela Kenley</u>			Date: <u>4/29/19</u>	
Inspector's Signature: <u>[Signature]</u>			Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (circle one) Follow-up Date, if applicable: _____				

[illegible]

NOTE: This establishment was found to be in compliance with items 30 – 56. The form was incorrectly completed at the time of inspection. Please contact the Newburyport Health Department for confirmation – 978-465-4410.

Food Establishment Inspection Form

Page 1 of 2

Commonwealth of Massachusetts
Bureau of Public Health
Street, Newburyport, MA 01950
(978) 465-4410 www.CityofNewburyport.com

Violations
Priority- Priority foundation- Core-
Score (optional)

Date 10/18/19
Time In P.m.
Time Out P.M.

Establishment Name RIE SCHWAB	Risk Category	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:
Establishment Address 333 Hill St	HACCP Y/N N	Owner CITY	Permit #:
Telephone	Person-in-Charge (PIC) LAND KEALEY	Food Safety Training / Exp. Date	Inspector J. Tabak

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable				Mark 'X' in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation			
Compliance Status				Compliance Status			
Supervision				Time / Temperature Control for Safety			
1	IN	OUT	PIC present, demonstrates knowledge, and performs duties	17	IN	OUT	Proper disposition of returned, previously served, reconditioned & unsafe food
2	IN	OUT	Certified Food Protection Manager	18	IN	OUT	Proper cooking time & temperatures
Employee Health				19	IN	OUT	Proper reheating procedures for hot holding
3	IN	OUT	Management, food employee and conditional employee: knowledge, responsibilities and reporting	20	IN	OUT	Proper cooling time and temperature
4	IN	OUT	Proper use of restriction and exclusion	21	IN	OUT	Proper hot holding temperature
5	IN	OUT	Procedures for responding to vomiting and diarrheal events	22	IN	OUT	Proper cold holding temperature
Good Hygienic Practices				23	IN	OUT	Proper date marking and disposition
6	IN	OUT	Proper eating, tasting, drinking, or tobacco use	24	IN	OUT	Time as a Public Health Control
7	IN	OUT	No discharge from eyes, nose, and mouth	Consumer Advisory			
Preventing Contamination by Hands				25	IN	OUT	Consumer advisory provided for raw / undercooked food
8	IN	OUT	Hands clean & properly washed	Requirements for Highly Susceptible Populations (HSP)			
9	IN	OUT	No bare hand contact with RTE food	26	IN	OUT	Pasteurized foods used; prohibited foods not offered
10	IN	OUT	Adequate handwashing sinks properly supplied and accessible	Food / Color Additives and Toxic Substances			
Approved Source				27	IN	OUT	Food additives: approved & properly used
11	IN	OUT	Food obtained from approved source	28	IN	OUT	Toxic sub. properly identified, stored & used
12	IN	OUT	Food received at proper temperature	Conformance with Approved Procedures			
13	IN	OUT	Food received in good condition, safe, & unadulterated	29	IN	OUT	Compliance with variance / specialized process / HACCP Plan
14	IN	OUT	Required records available: shellstock tags, parasite destruction	Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
Protection from Contamination							
15	IN	OUT	Food separated and protected				
16	IN	OUT	Food-contact surfaces: cleaned & sanitized				

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				Mark 'X' in box if numbered item is not in compliance				Mark 'X' in appropriate box for COS and/or R				COS = corrected on-site during inspection				R = repeat violation			
Compliance Status				Compliance Status				Compliance Status				Compliance Status							
Safe Food and Water				Proper Use of Utensils				Proper Use of Utensils				Proper Use of Utensils							
30	IN	OUT	Pasteurized eggs used where required	43	IN	OUT	In-use utensils properly stored	44	IN	OUT	Utensils, equipment & linens: properly stored, dried, & handled	45	IN	OUT	Single-use / single-service articles: properly stored & used				
31	IN	OUT	Water & ice from approved source	46	IN	OUT	Gloves used properly	46	IN	OUT	Gloves used properly	47	IN	OUT	Food & non-food contact surfaces cleanable, properly designed, constructed & used				
32	IN	OUT	Variance obtained for specialized processing methods	Food Temperature Control				48	IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	49	IN	OUT	Non-food contact surfaces clean				
33	IN	OUT	Proper cooling methods used; adequate equipment for temperature control	Food Identification				Physical Facilities				Physical Facilities							
34	IN	OUT	Plant food properly cooked for hot holding	37	IN	OUT	Food properly labeled; original container	50	IN	OUT	Hot & cold water available, adequate pressure	51	IN	OUT	Plumbing installed; proper backflow devices				
35	IN	OUT	Approved thawing methods used	Prevention of Food Contamination				52	IN	OUT	Sewage & waste water properly disposed	53	IN	OUT	Toilet features: properly constructed, supplied, & cleaned				
36	IN	OUT	Thermometers provided & accurate	38	IN	OUT	Insects, rodents, & animals not present	54	IN	OUT	Garbage & refuse properly disposed; facilities maintained	55	IN	OUT	Physical facilities installed, maintained, & clean				
Food Identification				39	IN	OUT	Contamination prevented during food preparation, storage and display	56	IN	OUT	Adequate ventilation & lighting; designated areas used	Physical Facilities							
40	IN	OUT	Personal cleanliness	41	IN	OUT	Wiping cloths: properly used & stored												
42	IN	OUT	Washing fruits & vegetables	42	IN	OUT	Washing fruits & vegetables												

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009[E]) ☐ Tobacco (590.009[F]) ☐ Allergen Awareness (590.009[G]) ☐ Local law regulation ☐ Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: **Sam Kealey** Print: **Sam Kealey** Date: **10/18/19**

Inspector's Signature: **J. Tabak** Follow-up: YES ☒ NO (circle one) Follow-up Date, if applicable:

Page 1 of 2

Establishment Name:

BRESNAHAN

Date: 10/18/19

TEMPERATURE OBSERVATIONS					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

P = Priority (72 Hrs), PF = Priority Foundation (10 Days), C = Core (90 Days)

[illegible]

Discussion with PIC:	Corrective Action Required	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restrict /Exclude	
	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC's Signature:

Date:

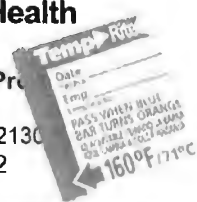
Inspector's Signature

Date:

Commonwealth of Massachusetts - City of Newburyport Board of Health
(978) 465-44100

Massachusetts Department of Public Health
Division of Food and Drugs

Food Protection Program
305 South Street
Jamaica Plain, MA 02130
Tel. (617) 983-6712



FOOD ESTABLISHMENT INSPECTION REPORT *CAF*

Name <i>IMMACULATE CONCEPTION</i>	Date <i>12/18/16</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>112 GRIFFIN ST</i>	Risk Level		
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>CATHY GRZYBINSKI</i>	Time In: <i>AM</i> Out:	Permit No.	
Inspector <i>Joseph T. Felt</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature <i>Joseph T. Felt</i>	Print: <i>Joseph T. Felt</i>	Page 1 of 2 Pages
PIC's Signature <i>Cathy Grzybowski</i>	Print: <i>Cathy Grzybowski</i>	

Establishment Name: 1MM ACUTATE Cow Station Date: 12/18/13 Page: 2 of 2

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Food Establishment Inspection Form						Page <u>1</u> of <u>1</u>	
The Commonwealth of Massachusetts City of Newburyport Board of Health 60 Pleasant Street, Newburyport, MA 01950 (978) 465-4410 www.CityofNewburyport.com			# Violations _____ Priority- _____ Priority foundation- _____ Core- _____ Score (optional) _____		Date <u>4/10/19</u> Time In <u>10:45</u> Time Out <u>11:45</u>		
			Establishment Name <u>IMMACULATE CONFECTION</u> Risk Category <u>H</u>		Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other: _____		
			Establishment Address <u>WASH. ST</u> Telephone <u>418-465-7780</u> HACCP Y/N <u>Y</u>		Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: _____ <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____		
Owner <u>ARCH DIOB BOSTON</u> Permit # <u>MAY 2020</u> Person-In-Charge (PIC) <u>CATHY GRZYBINSKI</u> Food Safety Training / Exp. Date <u>4/12</u> Inspector _____							
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable				Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation			
Compliance Status				COS		R	
Supervision				17		IN OUT	
1 <input checked="" type="checkbox"/> IN OUT PIC present, demonstrates knowledge, and performs duties				18 <input checked="" type="checkbox"/> IN OUT N/A N/O		Proper cooking time & temperatures	
2 <input checked="" type="checkbox"/> IN OUT N/A Certified Food Protection Manager				19 <input checked="" type="checkbox"/> IN OUT N/A N/O		Proper reheating procedures for hot holding	
Employee Health				20 <input checked="" type="checkbox"/> IN OUT N/A N/O		Proper cooling time and temperature	
3 <input checked="" type="checkbox"/> IN OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting				21 <input checked="" type="checkbox"/> IN OUT N/A N/O		Proper hot holding temperature	
4 <input checked="" type="checkbox"/> IN OUT Proper use of restriction and exclusion				22 <input checked="" type="checkbox"/> IN OUT N/A N/O		Proper cold holding temperature	
5 <input checked="" type="checkbox"/> IN OUT Procedures for responding to vomiting and diarrheal events				23 <input checked="" type="checkbox"/> IN OUT N/A N/O		Proper date marking and disposition	
Good Hygienic Practices				24 <input checked="" type="checkbox"/> IN OUT N/A N/O		Time as a Public Health Control	
6 <input checked="" type="checkbox"/> IN OUT N/O Proper eating, tasting, drinking, or tobacco use				Consumer Advisory			
7 <input checked="" type="checkbox"/> IN OUT N/O No discharge from eyes, nose, and mouth				25 <input checked="" type="checkbox"/> IN OUT N/A Consumer advisory provided for raw / undercooked food			
Preventing Contamination by Hands				Requirements for Highly Susceptible Populations (HSP)			
8 <input checked="" type="checkbox"/> IN OUT N/O Hands clean & properly washed				26 <input checked="" type="checkbox"/> IN OUT N/A Pasteurized foods used; prohibited foods not offered			
9 <input checked="" type="checkbox"/> IN OUT N/A N/O No bare hand contact with RTE food				Food / Color Additives and Toxic Substances			
10 <input checked="" type="checkbox"/> IN OUT Adequate handwashing sinks properly supplied and accessible				27 <input checked="" type="checkbox"/> IN OUT N/A Food additives: approved & properly used			
Approved Source				28 <input checked="" type="checkbox"/> IN OUT N/A Toxic sub properly identified, stored & used			
11 <input checked="" type="checkbox"/> IN OUT Food obtained from approved source				Conformance with Approved Procedures			
12 <input checked="" type="checkbox"/> IN OUT N/A N/O Food received at proper temperature				29 <input checked="" type="checkbox"/> IN OUT N/A Compliance with variance / specialized process / HACCP Plan			
13 <input checked="" type="checkbox"/> IN OUT Food received in good condition, safe, & unadulterated				Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
14 <input checked="" type="checkbox"/> IN OUT N/A N/O Required records available: shellstock tags, parasite destruction							
Protection from Contamination							
15 <input checked="" type="checkbox"/> IN OUT N/A N/O Food separated and protected							
16 <input checked="" type="checkbox"/> IN OUT N/A Food-contact surfaces: cleaned & sanitized							
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance				Mark "X" in appropriate box for COS and/or R			
COS = corrected on-site during inspection R = repeat violation							
Compliance Status				COS		R	
Safe Food and Water				Proper Use of Utensils			
30 <input checked="" type="checkbox"/> N/A Pasteurized eggs used where required				43 <input checked="" type="checkbox"/> In-use utensils properly stored			
31 <input checked="" type="checkbox"/> Water & ice from approved source				44 <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled			
32 <input checked="" type="checkbox"/> Variance obtained for specialized processing methods				45 <input checked="" type="checkbox"/> Single-use / single-service articles: properly stored & used			
Food Temperature Control				46 <input checked="" type="checkbox"/> Gloves used properly			
33 <input checked="" type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control				Utensils, Equipment and Vending			
34 <input checked="" type="checkbox"/> Plant food properly cooked for hot holding				47 <input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed & used			
35 <input checked="" type="checkbox"/> Approved thawing methods used				48 <input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips			
36 <input checked="" type="checkbox"/> Thermometers provided & accurate				49 <input checked="" type="checkbox"/> Non-food contact surfaces clean			
Food Identification				Physical Facilities			
37 <input checked="" type="checkbox"/> Food properly labeled; original container				50 <input checked="" type="checkbox"/> Hot & cold water available, adequate pressure			
Prevention of Food Contamination				51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices			
38 <input checked="" type="checkbox"/> Insects, rodents, & animals not present				52 <input checked="" type="checkbox"/> Sewage & waste water properly disposed			
39 <input checked="" type="checkbox"/> Contamination prevented during food preparation, storage and display				53 <input checked="" type="checkbox"/> Toilet features: properly constructed, supplied, & cleaned			
40 <input checked="" type="checkbox"/> Personal cleanliness				54 <input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained			
41 <input checked="" type="checkbox"/> Wiping cloths properly used & stored				55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, & clean			
42 <input checked="" type="checkbox"/> Washing fruits & vegetables				56 <input checked="" type="checkbox"/> Adequate ventilation & lighting; designated areas used			
57 SPECIAL REQUIREMENTS / OTHER				<input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law (590.009[H])			
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report will constitute an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment's license. If approved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the ten (10) calendar days of receipt of this order.							
PIC's Signature: <u>Cathy Grzybowski</u>				Print: <u>Cathy Grzybowski</u>		Date: <u>4/10/19</u>	
Inspector's Signature: <u>Joseph F. Fitch</u>				Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (circle one) Follow-up Date, if applicable: _____			

NOTE: This establishment was found to be in compliance with items 30 – 56. The form was incorrectly completed at the time of inspection. Please contact the Newburyport Health Department for confirmation – 978-465-4410.

Food Establishment Inspection Form						Page <u>1</u> of <u>2</u>	
The Commonwealth of Massachusetts City of Newburyport Board of Health 50 Pleasant Street, Newburyport, MA 01950 (978) 465-4410 www.CityofNewburyport.com			# Violations		Date <u>7/29/19</u> Time In <u>1205</u> Time Out <u>1253</u>		
			Priority-	Priority foundation-			Core-
Establishment Name <u>Melvin School & Mobile Market</u> Establishment Address <u>70 Low St</u> Telephone _____ HACCP Y <input checked="" type="checkbox"/>			Risk Category <u>1+</u> Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other: _____		Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: _____ <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____		
Owner <u>Town</u> Person in Charge (PIC) <u>Pam Kealey</u> Inspector <u>Joseph Tabb</u>			Permit # _____ Food Safety Training / Exp. Date <u>MAY 2022</u>				
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/A) for each numbered item IN = in compliance OUT = not in compliance N/A = not observed N/A = not applicable				Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation			
Compliance Status				COS		R	
Supervision				17		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned & unsafe food	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Certified Food Protection Manager					
Employee Health				18		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O Proper cooking time & temperatures	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting				19	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of restriction and exclusion				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O Proper reheating procedures for hot holding	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events				20	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Proper eating, tasting, drinking, or tobacco use				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O Proper cooling time and temperature	
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	No discharge from eyes, nose, and mouth				21	
Good Hygienic Practices				22		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O Proper hot holding temperature	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing sinks properly supplied and accessible				23	
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Hands clean & properly washed				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O Proper cold holding temperature	
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	No bare hand contact with RTE food				24	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O Proper date marking and disposition	
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food received at proper temperature				Time as a Public Health Control	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food received in good condition, safe, & unadulterated					
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Required records available: shellstock tags, parasite destruction					
Preventing Contamination by Hands				25		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A Consumer advisory provided for raw / undercooked food	
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food separated and protected					
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food-contact surfaces; cleaned & sanitized					
Approved Source				26		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A Requirements for Highly Susceptible Populations (HSP)	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A Food additives: approved & properly used	
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food received at proper temperature				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A Toxic sub. properly identified, stored & used	
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food received in good condition, safe, & unadulterated				28	
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Required records available: shellstock tags, parasite destruction				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A Compliance with variance / specialized process / HACCP Plan	
Protection from Contamination				29		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food separated and protected					
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces; cleaned & sanitized					
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance				Mark "X" in appropriate box for COS and/or R			
COS = corrected on-site during inspection				R = repeat violation			
Compliance Status				COS		R	
Safe Food and Water				43		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper Use of Utensils	
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Pasteurized eggs used where required				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT In-use utensils properly stored	
31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water & ice from approved source				44	
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Variance obtained for specialized processing methods				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Utensils, equipment & linens: properly stored, dried, & handled	
Food Temperature Control				45		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Single-use / single-service articles: properly stored & used	
33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control				46	
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plant food properly cooked for hot holding				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Gloves used properly	
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Approved thawing methods used					
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate					
Food Identification				47		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Utensils, Equipment and Vending	
37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled, original container				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food & non-food contact surfaces cleanable, properly designed, constructed & used	
Prevention of Food Contamination				48		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Warewashing facilities: installed, maintained, & used; test strips	
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, & animals not present				49	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Non-food contact surfaces clean	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness					
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored					
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Washing fruits & vegetables					
Physical Facilities				50		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Hot & cold water available; adequate pressure	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled, original container				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Plumbing installed; proper backflow devices	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, & animals not present				51	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Sewage & waste water properly disposed	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness				52	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Toilet features: properly constructed, supplied, & cleaned	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Washing fruits & vegetables				53	
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled, original container				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Garbage & refuse properly disposed; facilities maintained	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, & animals not present				54	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Physical facilities installed, maintained, & clean	
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness				55	
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation & lighting; designated areas used	
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Washing fruits & vegetables				56	
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled, original container					
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, & animals not present					
SPECIAL REQUIREMENTS / OTHER				<input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other			
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.							
PIC's Signature: <u>Pamela Kealey</u>				Print: <u>Pamela Kealey</u>		Date: <u>4/29/19</u>	
Inspector's Signature: <u>Joseph Tabb</u>				Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (circle one) Follow-up Date, if applicable: _____			

Page _____ of _____

Establishment Name:

molin & moer school

Date: 4/29/8

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Chicken Patties	16 °				
Hot Food Line					

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

[illegible]

Corrective Action Required

☐ No☐ Yes

NOTIFY DMPT OF HEALTH
WHEN MACHINE IS
REPAIRED

☐ Voluntary Compliance☐ Employee Restrict /Exclude☐ Re-inspection Scheduled☐ Emergency Suspension☐ Embargo☐ Emergency Closure☐ Voluntary Disposal☐ Other

P/C's Signature:

Date:

Inspector's Signature

Date: _____

NOTE: This establishment was found to be in compliance with items 30 – 56. The form was incorrectly completed at the time of inspection. Please contact the Newburyport Health Department for confirmation – 978-465-4410.

Food Establishment Inspection Form						Page <u>1</u> of <u>2</u>	
The Commonwealth of Massachusetts City of Newburyport Board of Health 60 Pleasant Street, Newburyport, MA 01950 (978) 465-4410 www.CityofNewburyport.com			# Violations		Date <u>9/24/2019</u> Time In <u>10:00 am</u> Time Out <u>10:30 am</u>		
			Priority-	Priority foundation- Core-			
			Score (optional)				
Establishment Name <u>Rock/Melin School</u>		Risk Category		Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:		Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Reinspection Previous Inspection Date: _____ <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:	
Establishment Address <u>Low Street</u>							
Telephone <u>978-465-4460</u>	HACCP Y/N <u>Y</u>						
Owner		Permit #:					
Person-In-Charge (PIC) <u>Pam Kealey</u>		Food Safety Training / Exp. Date <u>5/2024</u>					
Inspector <u>Pat McAlarney</u>							
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable				Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation			
Compliance Status				Compliance Status			
Supervision				Time / Temperature Control for Safety			
1	IN OUT	PIC present, demonstrates knowledge, and performs duties		17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
2	IN OUT N/A	Certified Food Protection Manager		18	IN OUT N/A N/O	Proper cooking time & temperatures	
Employee Health				Proper reheating procedures for hot holding			
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19	IN OUT N/A N/O	Proper cooling time and temperature	
4	IN OUT	Proper use of restriction and exclusion		20	IN OUT N/A N/O	Proper hot holding temperature	
5	IN OUT	Procedures for responding to vomiting and diarrheal events		21	IN OUT N/A N/O	Proper cold holding temperature	
Good Hygienic Practices				Proper date marking and disposition			
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		22	IN OUT N/A N/O	Time as a Public Health Control	
7	IN OUT N/O	No discharge from eyes, nose, and mouth		23	IN OUT N/A N/O		
Preventing Contamination by Hands				Consumer Advisory			
8	IN OUT N/O	Hands clean & properly washed		24	IN OUT N/A	Consumer advisory provided for raw / undercooked food	
9	IN OUT N/A N/O	No bare hand contact with RTE food		Requirements for Highly Susceptible Populations (HSP)			
10	IN OUT	Adequate handwashing sinks properly supplied and accessible		25	IN OUT N/A	Pasteurized foods used, prohibited foods not offered	
Approved Source				Food / Color Additives and Toxic Substances			
11	IN OUT	Food obtained from approved source		26	IN OUT N/A	Food additives: approved & properly used	
12	IN OUT N/A N/O	Food received at proper temperature		27	IN OUT N/A	Toxic sub. properly identified, stored & used	
13	IN OUT	Food received in good condition, safe, & unadulterated		Conformance with Approved Procedures			
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction		28	IN OUT N/A	Compliance with variance / specialized process / HACCP Plan	
Protection from Contamination				Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
15	IN OUT N/A N/O	Food separated and protected					
16	IN OUT N/A	Food-contact surfaces; cleaned & sanitized					
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS = corrected on-site during inspection		R = repeat violation	
Compliance Status		Compliance Status		Compliance Status		Compliance Status	
Safe Food and Water				Proper Use of Utensils			
30		Pasteurized eggs used where required		43		In-use utensils properly stored	
31		Water & ice from approved source		44		Utensils, equipment & linens: properly stored, dried, & handled	
32		Variance obtained for specialized processing methods		45		Single-use / single-service articles: properly stored & used	
Food Temperature Control				Utensils, Equipment and Vending			
33		Proper cooling methods used; adequate equipment for temperature control		46		Gloves used properly	
34		Plant food properly cooked for hot holding		47		Food & non-food contact surfaces cleanable, properly designed, constructed & used	
35		Approved thawing methods used		48		Warewashing facilities: installed, maintained, & used; test strips	
36		Thermometers provided & accurate		49		Non-food contact surfaces clean	
Food Identification				Physical Facilities			
37		Food properly labeled; original container		50		Hot & cold water available; adequate pressure	
Prevention of Food Contamination				Physical Facilities			
38		Insects, rodents, & animals not present		51		Plumbing installed; proper backflow devices	
39		Contamination prevented during food preparation, storage and display		52		Sewage & waste water properly disposed	
40		Personal cleanliness		53		Toilet features: properly constructed, supplied, & cleaned	
41		Wiping cloths: properly used & stored		54		Garbage & refuse properly disposed; facilities maintained	
42		Washing fruits & vegetables		55		Physical facilities installed, maintained, & clean	
57	SPECIAL REQUIREMENTS / OTHER		<input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other				
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent, constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.							
PIC's Signature: <u>Pam Kealey</u>			Print: <u>Pam Kealey</u>			Date: <u>9/24/2019</u>	
Inspector's Signature: <u>Pat McAlarney</u>			Follow-up: YES NO (circle one) Followup Date, if applicable:				

Food Establishment Inspection Form						Page <u> </u> of <u> </u>	
City of Massachusetts Board of Health Newburyport, MA 01950 (978) 465-4410 www.CityofNewburyport.com		# Violations Priority- Priority foundation- Core- Score (optional)		Date <u>10/18/19</u> Time In <u>1PM</u> Time Out <u>2PM</u>			
Establishment Name <u>North Middle School</u> Establishment Address <u>70 Howe St</u> Telephone <u> </u> Owner <u>City</u> Person-in-Charge (PIC) <u>Pam Kealey</u> Inspector <u>J. Tabbi</u>		Risk Category HACCP Y/N <u>NO</u> Permit #: <u> </u> Food Safety Training / Exp. Date <u> </u>		Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other: <u> </u>			
Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <u> </u> <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: <u> </u>							
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable				Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation			
Compliance Status		COS		R		Compliance Status	
Supervision							
1	OUT	PIC present, demonstrates knowledge, and performs duties				17	OUT
2	OUT N/A	Certified Food Protection Manager				Time / Temperature Control for Safety	
Employee Health							
3	OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting				18	OUT N/A N/O
4	OUT	Proper use of restriction and exclusion				19	OUT N/A N/O
5	OUT	Procedures for responding to vomiting and diarrheal events				20	OUT N/A N/O
Good Hygienic Practices							
6	OUT N/O	Proper eating, tasting, drinking, or tobacco use				21	OUT N/A N/O
7	OUT N/O	No discharge from eyes, nose, and mouth				22	OUT N/A N/O
Preventing Contamination by Hands							
8	OUT N/O	Hands clean & properly washed				23	OUT N/A N/O
9	OUT N/A N/O	No bare hand contact with RTE food				24	OUT N/A N/O
10	OUT	Adequate handwashing sinks properly supplied and accessible				Consumer Advisory	
Approved Source							
11	OUT	Food obtained from approved source				25	OUT N/A
12	OUT N/A N/O	Food received at proper temperature				Requirements for Highly Susceptible Populations (HSP)	
13	OUT	Food received in good condition, safe, & unadulterated				26	OUT N/A
14	OUT N/A N/O	Required records available: shellstock tags, parasite destruction				Food / Color Additives and Toxic Substances	
Protection from Contamination							
15	OUT N/A N/O	Food separated and protected				27	OUT N/A
16	OUT N/A	Food-contact surfaces; cleaned & sanitized				28	OUT N/A
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS = corrected on-site during inspection		R = repeat violation	
Compliance Status		COS		R		Compliance Status	
Safe Food and Water						Proper Use of Utensils	
30		Pasteurized eggs used where required				43	
31		Water & ice from approved source				44	
32		Variance obtained for specialized processing methods				45	
Food Temperature Control						Utensils, Equipment and Vending	
33		Proper cooling methods used; adequate equipment for temperature control				46	
34		Plant food properly cooked for hot holding				47	
35		Approved thawing methods used				48	
36		Thermometers provided & accurate				49	
Food Identification						Physical Facilities	
37		Food properly labeled; original container				50	
Prevention of Food Contamination							
38		Insects, rodents, & animals not present				51	
39		Contamination prevented during food preparation, storage and display				52	
40		Personal cleanliness				53	
41		Wiping cloths; properly used & stored				54	
42		Washing fruits & vegetables				55	
56						56	
77 SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other							
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.							
PIC's Signature: <u>Pam Kealey</u> Inspector's Signature: <u>J. Tabbi</u>		Print: <u>Pam Kealey</u> Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (circle one)		Date: <u>10/18/19</u> Follow-up Date, if applicable: <u> </u>			

Page ____ of ____

Establishment Name:

NOCLC Middle School

Date: 10/14/19

Item / Location

Temp (°F)

Item / Location	Quantity	Unit	Value
...

Temp (°F)

[illegible]

Temp (°F)

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

P = Priority (72 Hrs), PF = Priority Foundation (10 Days), C = Core (90 Days)

Item Number	Item Description	Unit	Quantity	Unit Price	Total Price
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Code
Section

P,
PF, C

Description of Violation

Date
Verified

NO ALPHATONS NOTED AT

THE TIME OF MY INSPIRY

Discussion with PIC:

Corrective Action Required

☐ No☐ Yes☐ Voluntary Compliance☐ Employee Restrict /Exclude☐ Re-inspection Scheduled☐ Emergency Suspension☐ Embargo☐ Emergency Closure☐ Voluntary Disposal☐ Other

PIC's Signature:

Date:

Inspector's Signature _____

Date:

Food Establishment Inspection Form						Page 1 of 2	
The Commonwealth of Massachusetts City of Newburyport Board of Health 60 Pleasant Street, Newburyport, MA 01950 (978) 465-4410 www.CityofNewburyport.com			# Violations		Date <u>4/29/19</u> Time In <u>1040P</u> Time Out <u>1130</u>		
			Priority- Priority foundation- Core-				
			Score (optional)				
Establishment Name <u>Newbury High School 241 W 106</u> Establishment Address <u>241 W 106 St</u> Telephone <u>978 465 4440</u> Owner _____ Person-in-Charge (PIC) <u>PAMELA KEALEY</u> Inspector <u>JOSEPH TABB</u>			Risk Category <u>16</u> HACCP <input checked="" type="checkbox"/> Y/N Permit # _____ Food Safety Training / Exp. Date <u>MAY 2022</u>		Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other: _____		
					Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: _____ <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable				Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation			
Compliance Status		COS		R		Compliance Status	
Supervision				Time / Temperature Control for Safety			
1	<input checked="" type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties		17	<input checked="" type="checkbox"/> IN	Proper disposition of returned, previously served, reconditioned & unsafe food	
2	<input checked="" type="checkbox"/> OUT N/A	Certified Food Protection Manager		18	<input checked="" type="checkbox"/> IN	Proper cooking time & temperatures	
Employee Health				Proper reheating procedures for hot holding			
3	<input checked="" type="checkbox"/> IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19	<input checked="" type="checkbox"/> IN	Proper cooling time and temperature	
4	<input checked="" type="checkbox"/> OUT	Proper use of restriction and exclusion		20	<input checked="" type="checkbox"/> OUT	Proper hot holding temperature	
5	<input checked="" type="checkbox"/> IN	Procedures for responding to vomiting and diarrheal events		21	<input checked="" type="checkbox"/> OUT	Proper cold holding temperature	
Good Hygienic Practices				Proper date marking and disposition			
6	<input checked="" type="checkbox"/> IN	Proper eating, tasting, drinking, or tobacco use		22	<input checked="" type="checkbox"/> IN	Time as a Public Health Control	
7	<input checked="" type="checkbox"/> IN	No discharge from eyes, nose, and mouth		23	<input checked="" type="checkbox"/> OUT		
Preventing Contamination by Hands				Consumer Advisory			
8	<input checked="" type="checkbox"/> IN	Hands clean & properly washed		24	<input checked="" type="checkbox"/> IN	Consumer advisory provided for raw / undercooked food	
9	<input checked="" type="checkbox"/> IN	No bare hand contact with RTE food		Requirements for Highly Susceptible Populations (HSP)			
10	<input checked="" type="checkbox"/> IN	Adequate handwashing sinks properly supplied and accessible		25	<input checked="" type="checkbox"/> IN	Pasteurized foods used; prohibited foods not offered	
Approved Source				Food / Color Additives and Toxic Substances			
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source		26	<input checked="" type="checkbox"/> IN	Food additives: approved & properly used	
12	<input checked="" type="checkbox"/> OUT	Food received at proper temperature		27	<input checked="" type="checkbox"/> IN	Toxic sub. properly identified, stored & used	
13	<input checked="" type="checkbox"/> IN	Food received in good condition, safe, & unadulterated		Conformance with Approved Procedures			
14	<input checked="" type="checkbox"/> IN	Required records available: shellstock tags, parasite destruction		28	<input checked="" type="checkbox"/> IN	Compliance with variance / specialized process / HACCP Plan	
Protection from Contamination				Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
15	<input checked="" type="checkbox"/> IN	Food separated and protected					
16	<input checked="" type="checkbox"/> IN	Food-contact surfaces: cleaned & sanitized					
GOOD RETAIL PRACTICES							
Good Retail Practices are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS = corrected on-site during inspection		R = repeat violation	
Compliance Status		COS		R		Compliance Status	
Safe Food and Water				Proper Use of Utensils			
30	<input checked="" type="checkbox"/>	Pasteurized eggs used where required		43	<input checked="" type="checkbox"/>	In-use utensils properly stored	
31	<input checked="" type="checkbox"/>	Water & ice from approved source		44	<input checked="" type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled	
32	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods		45	<input checked="" type="checkbox"/>	Single-use / single-service articles: properly stored & used	
Food Temperature Control				Utensils, Equipment and Vending			
33	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control		46	<input checked="" type="checkbox"/>	Gloves used properly	
34	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding		Physical Facilities			
35	<input checked="" type="checkbox"/>	Approved thawing methods used		47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed & used	
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate		48	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	
Food Identification				49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	
37	<input checked="" type="checkbox"/>	Food properly labeled; original container					
Prevention of Food Contamination				50	<input checked="" type="checkbox"/>	Hot & cold water available; adequate pressure	
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present		51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	
39	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display		52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed	
40	<input checked="" type="checkbox"/>	Personal cleanliness		53	<input checked="" type="checkbox"/>	Toilet features: properly constructed, supplied, & cleaned	
41	<input checked="" type="checkbox"/>	Wiping cloths: properly used & stored		54	<input checked="" type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	
42	<input checked="" type="checkbox"/>	Washing fruits & vegetables		55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, & clean	
43	<input checked="" type="checkbox"/>			56	<input checked="" type="checkbox"/>	Adequate ventilation & lighting; designated areas used	
57 SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other							
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.							
PIC's Signature: <u>Pamela Kealey</u>				Print: <u>Pamela Kealey</u>		Date: <u>4/29/19</u>	
Inspector's Signature: _____				Follow-up: YES NO (circle one) Follow-up Date, if applicable: _____			

NOTE: This establishment was found to be in compliance with items 30 – 56. The form was incorrectly completed at the time of inspection. Please contact the Newburyport Health Department for confirmation – 978-465-4410.

Food Establishment Inspection Form						Page <u>1</u> of <u>2</u>	
The Commonwealth of Massachusetts City of Newburyport Board of Health 60 Pleasant Street, Newburyport, MA 01950 (978) 465-4410 www.CityofNewburyport.com			# Violations <u>0</u>		Date _____ Time In _____ Time Out _____		
			Priority- _____ Priority foundation- _____ Core- _____ Score (optional) _____				
Establishment Name <u>Newburyport High School</u> Establishment Address <u>341. High School</u> Telephone <u>978-692-3563</u> Owner <u>CITY</u> Person in Charge (PIC) <u>Pam Kealey</u> Inspector <u>Joseph Tabbi</u>			Risk Category _____ HACCP Y/N <u>N</u> Permit # _____ Food Safety Training / Exp. Date <u>12/14/22</u>		Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other: _____		
					Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: _____ <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation							
Compliance Status				Compliance Status		Compliance Status	
Supervision				Time / Temperature Control for Safety			
1	IN OUT	PIC present, demonstrates knowledge, and performs duties		17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
2	IN OUT N/A	Certified Food Protection Manager		18	IN OUT N/A N/O	Proper cooking time & temperatures	
Employee Health				Consumer Advisory			
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19	IN OUT N/A N/O	Proper reheating procedures for hot holding	
4	IN OUT	Proper use of restriction and exclusion		20	IN OUT N/A N/O	Proper cooling time and temperature	
5	IN OUT	Procedures for responding to vomiting and diarrheal events		21	IN OUT N/A N/O	Proper hot holding temperature	
Good Hygienic Practices				Food / Color Additives and Toxic Substances			
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		22	IN OUT N/A N/O	Proper cold holding temperature	
7	IN OUT N/O	No discharge from eyes, nose, and mouth		23	IN OUT N/A N/O	Proper date marking and disposition	
Preventing Contamination by Hands				Requirements for Highly Susceptible Populations (HSP)			
8	IN OUT N/O	Hands clean & properly washed		24	IN OUT N/A N/O	Time as a Public Health Control	
9	IN OUT N/A N/O	No bare hand contact with RTE food		25	IN OUT N/A	Consumer advisory provided for raw / undercooked food	
10	IN OUT	Adequate handwashing sinks properly supplied and accessible		26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
Approved Source				Conformance with Approved Procedures			
11	IN OUT	Food obtained from approved source		27	IN OUT N/A	Food additives: approved & properly used	
12	IN OUT N/A N/O	Food received at proper temperature		28	IN OUT N/A	Toxic sub properly identified, stored & used	
13	IN OUT	Food received in good condition, safe, & unadulterated		29	IN OUT N/A	Compliance with variance / specialized process / HACCP Plan	
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction		Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
Protection from Contamination							
15	IN OUT N/A N/O	Food separated and protected					
16	IN OUT N/A	Food-contact surfaces: cleaned & sanitized					
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation							
Compliance Status				Compliance Status		Compliance Status	
Safe Food and Water				Proper Use of Utensils			
30		Pasteurized eggs used where required		43		In-use utensils properly stored	
31		Water & ice from approved source		44		Utensils, equipment & linens: properly stored, dried, & handled	
32		Variance obtained for specialized processing methods		45		Single-use / single-service articles: properly stored & used	
Food Temperature Control				Utensils, Equipment and Vending			
33		Proper cooling methods used; adequate equipment for temperature control		46		Gloves used properly	
34		Plant food properly cooked for hot holding		47		Food & non-food contact surfaces cleanable, properly designed, constructed & used	
35		Approved thawing methods used		48		Warewashing facilities installed, maintained, & used, test strips	
36		Thermometers provided & accurate		49		Non-food contact surfaces clean	
Food Identification				Physical Facilities			
37		Food properly labeled; original container		50		Hot & cold water available; adequate pressure	
Prevention of Food Contamination				Physical Facilities			
38		Insects, rodents, & animals not present		51		Plumbing installed; proper backflow devices	
39		Contamination prevented during food preparation, storage and display		52		Sewage & waste water properly disposed	
40		Personal cleanliness		53		Toilet features: properly constructed, supplied, & cleaned	
41		Wiping cloths: properly used & stored		54		Garbage & refuse properly disposed; facilities maintained	
42		Washing fruits & vegetables		55		Physical facilities installed, maintained, & clean	
43				56		Adequate ventilation & lighting; designated areas used	
57 SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other							
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PIC's Signature: <u>Pam Kealey</u>				Print: <u>Pamela Kealey</u>		Date: <u>10/18/19</u>	
Inspector's Signature: <u>Joseph Tabbi</u>				Follow-up: <u>YES</u> NO (circle one) Follow-up Date, if applicable: _____			

